

Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Division of Medicaid		CONTACT PERSON Emily Thompson	TELEPHONE NUMBER 601-359-4122	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Emily.thompson@medicaid.ms.gov	SUBMIT DATE	Name or number of rule(s): AP 2010-19		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Specific legal authority authorizing the promulgation of rule: Miss Code Ann. §43-13-121 (1972) as amended

List all rules repealed, amended, or suspended by the proposed rule: Provider Policy Manual/Outpatient Hospital Section/Sections 26.17 and 26.23

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

- ☐ Original filing
☐ Renewal of effectiveness
☐ To be in effect in _____ days
Effective date:
☐ Immediately upon filing
☐ Other (specify): _____

PROPOSED ACTION ON RULES

Action proposed:

- ☐ New rule(s)
☒ Amendment to existing rule(s)
☐ Repeal of existing rule(s)
☐ Adoption by reference

Proposed final effective date:

- ☐ 30 days after filing
☒ Other (specify): December 1, 2010

FINAL ACTION ON RULES

Date Proposed Rule Filed: _____

Action taken:

- ☐ Adopted with no changes in text
☐ Adopted with changes
☐ Adopted by reference
☐ Withdrawn
☐ Repeal adopted as proposed

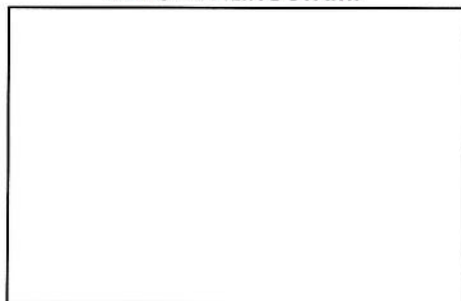
Effective date:

- ☐ 30 days after filing
☐ Other (specify): _____

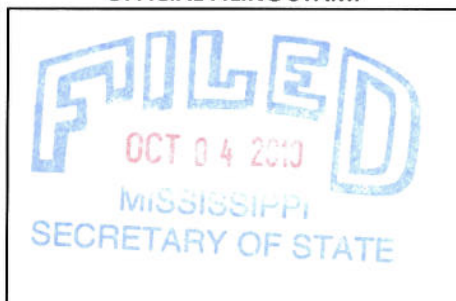
Printed name and Title of person authorized to file rules: Robert L. Robinson, Executive Director

Signature of person authorized to file rules: 

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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.